

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE  
Commissioner for Patents  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

35684 7590 09/23/2003

**BUTZEL LONG**  
350 South Main Street  
Suite 300  
Ann Arbor, MI 48104



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Marilynn M. Peterson	(Depositor's name)
<i>Marilynn M. Peterson</i>	
December 16, 2003	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,051	12/06/2001	Yoshitaka Mishima	SHC0162	6019

TITLE OF INVENTION: DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE SKIN-CONTACTABLE SURFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300 <b>XXXX \$1330</b>	\$300	<b>XXXX \$1630</b>	12/23/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOGART, MICHAEL G	3761	604-385280

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Butzel Long

2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Uni-Charm Corporation

Ehime-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2136 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Michael S. Butzel* December 16, 2003

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone, other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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12/16/2003 SDIRETMA 00000131 122136 10016051

01 FC:1501 1330.00 DA  
02 FC:1504 300.00 DA

TRANSMIT THIS FORM WITH FEE(S)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**\$1,630.00**

## Complete if Known

Application Number	<b>10/016,051</b>
Filing Date	<b>12/06/2001</b>
First Named Inventor	<b>Yoshitaka MISHIMA</b>
Examiner Name	<b>Michael G. BOGART</b>
Art Unit	<b>3761</b>
Attorney Docket No.	<b>121027-0086</b>

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:Deposit Account Number **12-2136**Deposit Account Name **BUTZEL LONG**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments
 
 Charge any additional fee(s) during the pendency of this application
 
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
 

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	<b>1,330.00</b>
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR § 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Statement	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)	Publication Fee		<b>300.00</b>

## 2. EXTRA CLAIM FEES FOR UTILITY AND

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	0 X _____ =	<b>0.00</b>
Independent Claims	- 3** =	0 X _____ =	<b>0.00</b>
Multiple Dependent		=	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)	(\$)	<b>\$0.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)  
**\$1,630.00**

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Michael S. Gzybowski	Registration No. (Attorney/Agent)	32.816	Telephone	734.995.3110
Signature			Date	December 16, 2003	

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

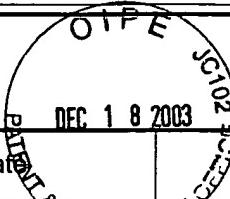
If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**TRANSMITTAL LETTER  
(General - Patent Pending)**

Docket No.  
**121027-0086**

In Re Application Of:

**Yoshitaka MISHIMA**



Serial No.

**10/016,051**

Filing Date

**12/06/2001**

Examiner

**Michael G. BOGART**

Group Art Unit

**3761**

Title:

**DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE  
SKIN-CONTACTABLE SURFACE**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is:

**PART B - FEE(S) TRANSMITTAL  
ISSUE FEE TRANSMITTAL  
FEE TRANSMITTAL**

in the above identified application.

- No additional fee is required.
- A check in the amount of \_\_\_\_\_ is attached.
- The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. **12-2136** as described below. A duplicate copy of this sheet is enclosed.
  - Charge the amount of **\$1,630.00**
  - Credit any overpayment.
  - Charge any additional fee required.



*Michael S. Gzybowski*  
Signature  
Michael S. Gzybowski

Dated: **December 16, 2003**

I certify that this document and fee is being deposited on **12/16/2003** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



*Marilynn M. Peterson*  
Signature of Person Mailing Correspondence

**Marilynn M. Peterson**

**Typed or Printed Name of Person Mailing Correspondence**

CC:

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

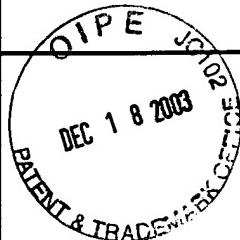
Applicant(s): Yoshitaka MISHIMA

Docket No.

121027-0086

Serial No.  
10/016,051Filing Date  
12/06/2001Examiner  
Michael G. BOGARTGroup Art Unit  
3761

Invention:

**DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE SKIN-CONTACTABLE SURFACE**I hereby certify that this **TRANSMITTAL OF PAYMENT OF ISSUE FEE**  
*(Identify type of correspondence)*

is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **December 16, 2003**  
*(Date)***Marilynn M. Peterson***(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)***Note: Each paper must have its own certificate of mailing.**

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)**  
**(37 C.F.R. 1.311)**

Docket No.  
121027-0086

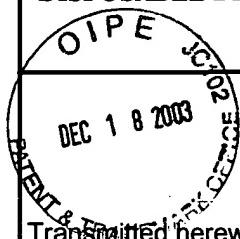
Applicant(s):

**Yoshitaka MISHIMA**

Serial No.	Filing Date	Examiner	Group Art Unit	Confirmation No.
10/016,051	12/06/2001	Michael G. BOGART	3761	6019

Invention:

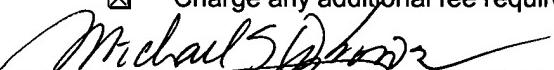
**DISPOSABLE DIAPER WITH SKIN-CONTACTABLE SHEETS SPACED ABOVE SKIN-CONTACTABLE SURFACE**



**Mail Stop Issue Fee  
TO THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

- Issue Fee Transmittal Form PTOL-85
- Utility Fee: \$ 1330.00     Design Fee: \_\_\_\_\_     Plant Fee: \_\_\_\_\_
- Publication Fee: \$ 300.00
- A check in the amount of \_\_\_\_\_ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. as described below.
- Charge the amount of \$1,630.00
- Credit any overpayment.
- Charge any additional fee required.

  
\_\_\_\_\_  
Signature  
Michael S. Gzybowski

Dated: December 16, 2003

CC:

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by deposit account.

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. \_\_\_\_\_)

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Date

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Signature

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Typed or Printed Name of Person Signing Certificate

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\_\_\_\_\_  
Signature of Person Mailing Correspondence

Marilynn M. Peterson

\_\_\_\_\_  
Typed or Printed Name of Person Mailing Correspondence